

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/29/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 62289 and 62289-52 for date of service 1/08/03. According to additional documentation submitted by the Requestor, reimbursement was received for CPT code 62289 in the amount of \$238.33; therefore, this CPT code is no longer in dispute. The Carrier denied reimbursement for CPT code 62289-52 as "G – U008 This separate/independent procedure is considered an integral part of the total service performed and does not warrant a separate charge."

II. RATIONALE

The Requestor has billed \$527.00 for CPT code 62289-52. The MAR value for this procedure is \$263.00. Based on the 1996 Medical Fee Guideline, Surgery Ground Rule (II)(A), the global fee concept cannot be applied, as this is a starred procedure. The Requestor billed with the modifier -52 where under certain circumstances, a service or procedure is partially reduced or eliminated at the HCP's election. Based on the 1996 Medical Fee Guideline E/M Ground Rule II, this also requires documentation of procedure (DOP). However, the Requestor's documentation does not support the modifier used. On this basis, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement.

The above Decision is hereby issued this 18th day of March 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd